



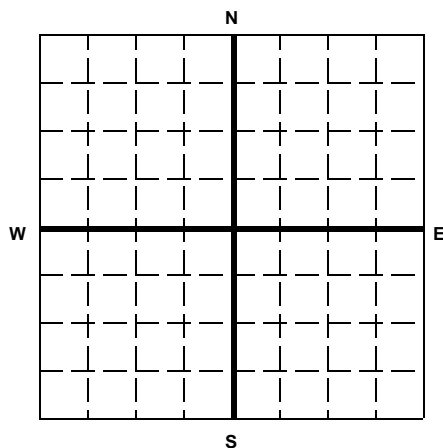
United States Environmental Protection Agency
Washington, DC 20460

ANNUAL DISPOSAL/INJECTION WELL MONITORING REPORT

Name and Address of Existing Permittee

Name and Address of Surface Owner

Locate Well and Outline Unit on
Section Plat - 640 Acres



State

County

Permit Number

Surface Location Description

____ 1/4 of ____ 1/4 of ____ 1/4 of ____ 1/4 of Section ____ Township ____ Range ____

Locate well in two directions from nearest lines of quarter section and drilling unit

Surface

Location ____ ft. frm (N/S) ____ Line of quarter section

and ____ ft. from (E/W) ____ Line of quarter section.

WELL ACTIVITY

- ☐ Brine Disposal
☐ Enhanced Recovery
☐ Hydrocarbon Storage

TYPE OF PERMIT

- ☐ Individual
☐ Area
Number of Wells ____

Lease Name

Well Number

INJECTION PRESSURE

TOTAL VOLUME INJECTED

TUBING -- CASING ANNULUS PRESSURE
(OPTIONAL MONITORING)

MONTH	YEAR	AVERAGE PSIG	MAXIMUM PSIG	BBL	MCF	MINIMUM PSIG	MAXIMUM PSIG

Certification

I certify under the penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. (Ref. 40 CFR 144.32)

Name and Official Title (Please type or print)

Signature

Date Signed